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APPLICATION NUMBER	FILING OR 371(C) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
10/008,997	12/05/2001	John W. Sliwa	003-007-C4

55714  
ST. JUDE MEDICAL, ATRIAL FIBRILLATION DIVISION  
14901 DEVEAU PLACE  
MINNETONKA, MN 55345-2126

CONFIRMATION NO. 5763  
POA ACCEPTANCE LETTER



\*OC0000000030952239\*

Date Mailed: 07/15/2008

**NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY**

This is in response to the Power of Attorney filed 07/04/2008.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

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Office of Data Management, Application Assistance Unit (571) 272-4000, or (571) 272-4200, or 1-888-786-0101